

Judith Knechtges

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Knechtges v DPS, 19 OSP 01028**000504**

EMPLOYMENT APPLICATION			
	STATE OF NORTH CAROLINA NOTE: Apply to the department listed on posting An Equal Opportunity Employer, North Carolina State Government http://www.oshr.nc.gov/jobs/index.html		Received: 8/19/18 4:39 PM For Official Use Only: QUAL: _____ DNO: _____ <input type="checkbox"/> Experience <input type="checkbox"/> Training <input type="checkbox"/> Other: _____
	Knechtges, Judith Ellen 18-09291 HOSPITAL CHIEF EXECUTIVE OFFICER (CEO)		
PERSONAL INFORMATION			
POSITION TITLE: HOSPITAL CHIEF EXECUTIVE OFFICER (CEO)		EXAM ID#: 18-09291	
NAME: (Last, First, Middle) Knechtges, Judith Ellen		SOCIAL SECURITY NUMBER: N/A	
ADDRESS: (Street, City, State, Zip Code) [REDACTED]		EMAIL ADDRESS: [REDACTED]	
HOME PHONE: [REDACTED]	ALTERNATE PHONE: [REDACTED]	NOTIFICATION PREFERENCE: Email	
DRIVER'S LICENSE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER'S LICENSE: State: NC Number: [REDACTED]	LEGAL RIGHT TO WORK IN THE UNITED STATES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PREFERENCES			
MINIMUM COMPENSATION: [REDACTED]		ARE YOU WILLING TO RELOCATE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	
WHAT TYPE OF JOB ARE YOU LOOKING FOR? Regular			
TYPES OF WORK YOU WILL ACCEPT: Full Time			
SHIFTS YOU WILL ACCEPT: [REDACTED]			
OBJECTIVE: [REDACTED]			
EDUCATION			
DATES: From: 1/1981 To: 12/1981	SCHOOL NAME: The Ohio State University - Fisher College of Business		
LOCATION: (City, State) Columbus , Ohio	DID YOU GRADUATE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED: Master's	
MAJOR: Major: Business Administration - MBA Minor: Human Resources	UNITS COMPLETED: 84 - Quarter		
DATES: From: 7/1979 To: 6/1981	SCHOOL NAME: The Ohio State University - College of Public Health		
LOCATION: (City, State) Columbus Ohio , Ohio	DID YOU GRADUATE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED: Master's	
MAJOR: Major: Health Services Management and Policy - MHA Minor: Finance	UNITS COMPLETED: 84 - Quarter		
DATES: From: 9/1973 To: 5/1978	SCHOOL NAME: Ohio Northern University - Raabe College of Pharmacy		
LOCATION: (City, State) Ada , Ohio	DID YOU GRADUATE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED: Bachelor's	
MAJOR: Major: Pharmacy	UNITS COMPLETED: 208 - Quarter		
WORK EXPERIENCE			
DATES: From: 4/2016 To: Present	EMPLOYER: Central Prison Healthcare Complex - Department of Public Safety	POSITION TITLE: Interim Chief Executive Officer	
ADDRESS: (Street, City, State, Zip Code) 1300 Western Blvd, Raleigh, North Carolina, 27606		COMPANY URL: [REDACTED]	
PHONE NUMBER: 919-743-2406	SUPERVISOR: Edward Thomas - Warden - Central Prison	MAY WE CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
HOURS PER WEEK: 40	SALARY: \$13,000.00/month	# OF EMPLOYEES SUPERVISED: 400	
DUTIES: Demonstrated knowledge of business and management principles involved in strategic planning, resource allocation, human resources, coordination of people and resources: I oversee and direct CPHC operations on a day-to-day basis. Operations include a 120-bed medical facility, 216-bed mental health facility and a large outpatient component. In addition, I oversee a staff of over 400 medical, mental health, and non-clinical employees. I am responsible for the healthcare facilities provision of care, treatment, and services and made substantial operational improvements with limited guidance from healthcare leadership.			

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- I oversaw and directed efforts to resolve controlled substance accountability deficiencies. Through multidisciplinary meetings and a detailed assessment of nursing and pharmacy practices, the problem was quickly corrected. I oversaw the implementation of a successful correction action plan, recommended and assisted in the development of an Omnicell and Medication Process nursing skills checklist and formed a multidisciplinary controlled substance team which meets monthly.
- From April 2016 to May 2017, I provided additional oversight to Dietary, Medical Supply, Respiratory, and the Laboratory due to a Business Officer vacancy. My leadership resulted in improved hospital efficiencies and work performance.
- In January 2018, I took on the additional role of supervising the HR department, Radiology, Medical Supply, and Biomed due to the HR Business Officer vacancy. Regular HR meetings were initiated which resulted in improved and streamlined HR processes. For example, ways to decrease constant office interruptions were created, allowing the HR staff to set up scheduled appointment times with employees. A Human Resource wall of employee information was created resulting in decreased HR interruptions and improved employee communication. Furthermore, new timesheet processes were initiated, new hire orientation was redesigned, and the CPHC directory and organizational chart were updated regularly. The result has been expedited and improved satisfaction from facility staff and outside customers.
- In July 2017, after a thorough assessment of the Human Resource department, inefficiencies and problems came to my attention through internal and external customer complaints and my own review. The current state of HR showed persistent deficits in basic work processes, overall organization and daily productivity. There were no standardized methods or follow-up procedures to ensure policy compliance and that basic HR requirements were met. Key recommendations included following all phases of the hiring process, responding timely and correctly to employee concerns, improving customer service, cross training HR staff, regularly reviewing staff work performance, and clearly communicating policy updates and important Departmental information. Also, Word and Excel testing were added to the hiring process for all administrative-related positions.
- I oversaw the completion and timely submission of the Fixed Asset Inventory results to the Controller's office. The results included documentation to address missing assets, junk, surplus, transfers or other actions. The pre-audit resolutions resolved long-standing asset concerns and these items are now tagged, recorded and inventoried per policy. In addition, CPHC's Fixed Asset Inventory is more complex because we have 1,748 fixed assets rather than the average of 400 found in a prison facility.
- In February 2018, seventy-eight CPHC Omnicell assets totaling \$212,335.71 were identified as unnecessary inventory items and retired. This resolved asset duplication which had been outstanding since the 2014 Omnicell purchase.
- I initiated and oversaw the first complete Quarterly Laptop Inventory in September 2016. Since this date, laptop inventories have been performed on a regular quarterly basis. The procedure met longstanding deficiencies in laptop inventory accountability and ensured CPHC followed policy.
- I oversaw and monitored the Non-NCAS inventory and responded to trend analysis inquiries from the NC Office of State Auditor. I researched and made corrections to variations in inventory values for each fiscal year from 2014 to 2017. The auditors were satisfied with my explanation for the substantial inventory fluctuations and positively commented on our inventory tracking methods.
- Several CPHC cost initiatives I oversaw have resulted in significant cost savings: for example,
 1. Mattress rental to purchase conversions were finalized in February 2018 resulted in a savings of approximately \$250,000 a year.
 2. Internal processes were created to guarantee the preventive maintenance of Welch Allyn equipment which allowed us to cancel a \$14,400 per year vendor contract.
 3. Total medical supply inventories decreased 17 % over the last two years resulting in a savings of \$39,298.45. This included a 51% decrease in office supply inventory and a 9% decrease in medical supply inventory due to improved efficiencies.
 4. Successful purchasing efforts for a specialty respiratory vest resulted in a saving of \$10,000. The \$5,000 purchase was significantly less than the contract rate of \$1,137.11/month or \$14,782.50 for 13 months.
- I continually review staff and service area efficiencies, creating plans with key areas to decrease unnecessary expenditures. CPHC's expenditures for the fiscal year ending June 2018 totaled \$60,412,753.17. The total decrease in overall expenditures ending June 2017 was \$3,176,044.00, a significant savings.
- I implemented new practices in timesheet management and provided additional training in areas such as ADA, DCI and Workers Compensation. Correct filing of 2014, 2015 and 2016 personnel files was completed which resolved long-standing concerns. I created checklists and steps to ensure 2017 and 2018 files remained updated.
- I oversaw the removal of all obsolete medical and healthcare forms from inventory in the medical and mental health facilities. These areas are now available for other facility use and much needed storage space.
- The DPS Controller approved a new inventory management spreadsheet created for our fixed asset inventory. This action not only saved CPHC valuable inventory time, it increased efficiencies with our inventory control procedures.
- Monthly communication and coordination with various departments ensured resources were being used wisely and job expectations were met. Below are examples:
 1. Housekeeping underwent significant changes resulting in improved service. They developed an inspection checklist, used a new floor product created specifically for CPHC by Correction Enterprise, rotated staff assignments so that staff are trained in a variety of areas and replaced food cart wheels with new wheels that do not damage the floors.
 2. Respiratory's new process regarding the storage and transport of oxygen tanks ensured we were following OSHA requirements and improved the safe use of the tanks on the medical floors. Additional racks for storage were ordered, in-service training was provided to nursing staff and the respiratory staff now check the storage areas on a daily basis.
 3. A more efficient process was put in place to ensure TB sputum samples were delivered to the State Lab in a timely manner via a new courier. In addition, respiratory therapists were given access to specific drugs in the Omnicells in order to improve the provision of patient care.
- New methods to improve efficiencies and patient care were initiated in the following areas: Respiratory, Urgent Care, Medical Supply, Biomed, Medical Records, Accounting, HR, Housekeeping, Nursing, Dental, Medical and Mental Health. For example, changes were made in how patients were admitted into the Urgent Care and then to mental health units which decreased confusion and improved admissions. Medical record staff was integrated into one location in the medical facility which created much needed space in the mental health facility for behavioral health staff. New labeling and tracking procedures were developed for assets and medical supply products which improved inventory levels and efficiency. The success of these changes required tremendous coordination and effort between many staff including

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custody, healthcare, legal and other clinical/non-clinical departments. The final step to my strategic thinking and successful planning was the expectation of follow-up and review. Supervisors are asked to "Inspect what they Expect". In fact, this phrase was used as the key point in several nursing meetings. This has resulted in many positive outcomes such as improved attendance, enriched staff relations, enhanced work flow, and better use of our organizational resources.

- I organized and facilitated several meetings with Medical Director, Mental Health Director, DON, and Mental Health nurse supervisors to develop a plan to ensure consistent medical coverage of mental health inpatients. This resolved concerns about adequate medical coverage for mental health inpatients with the addition of a full-time medical provider.

- I coordinated meetings with custody and behavioral health staff in 2017 and 2018 regarding the use of P-cards and incentive purchases. Plans and expectations were communicated which addressed the purchase of incentives, what could be purchased, how memos should be written and who approved the memos. I ensured P-card holders completed online training and were educated by the Central Prison employee responsible for Welfare Fund P-cards. The process for inmate P-card purchases has improved significantly.

- I oversaw the Risk Management and Safety departments and have initiated processes to improve work activities related to Performance Improvement and Hospital Safety. We have had 100% compliance in emergency management drills, monthly environmental safety drills, Material Safety Data Sheets and 98% compliance with Code Blue drills. In addition, Falls meetings occur regularly, electronic incident reporting has improved and the Peer Review model was reevaluated and updated. Improved data reporting has allowed us to better evaluate our patient care and service needs.

The following projects are currently in place:

1. A Death Report Log - a compilation of all death reports primarily for peer review purposes.
2. A compilation of all 23-hour holds since January 2017 for review, analysis and trends.
3. A listing of all DNRs, which is reviewed and checked weekly for start date, end date, and impending expirations.
4. A plan for Peer Review meetings for all disciplines, beginning with our physician and physician extender providers. A power-point presentation has been shared with all providers.
5. A draft of a Performance Improvement Plan and a Risk Management Plan, both of which were shared with the statewide Risk Manager.
6. A categorization of all falls occurring since January 2017 by name, unit, and description.

- I met with the pharmacy, OR and medical supply supervisors to develop and implement a plan regarding the removal of pharmacy stock from the oncology room. The OR and pharmacy basement storage areas were interchanged and stock was transferred; resulting in additional efficiencies for both departments and an additional seating area for inmates and custody.

- I was informed by medical supply in November 2017 that our Normal Saline bag supply was at dangerously low levels due, in part, to the hurricane devastation in Puerto Rico and our increased usage. The medical supply supervisor and I developed a plan to ensure an adequate supply was available.

- I initiated changes in dental work flow which created additional appointment times for patient care. The more efficient use of one dentist and one technician translated into a savings of around \$170,000 not including the increase in scheduled patients. Plans are in place to increase the regular dental patient schedule to a full day and to add an additional dentist and technician every Wednesday.

- I oversaw process changes and provided feedback to the Directory of Nursing related to nurse duties and workflow which resolved concerns involving policy and procedure requirements, negative behaviors, automatic dispensing cabinet training and electronic health record documentation. Corrective action was successfully completed in a timely manner and follow-up monitoring is ongoing.

- My ability to think strategically allowed me to face challenges which arose daily regarding staffing, human resources and the allocation of financial, material and staff resources. I assessed the hospital's direction on a daily basis to ensure CPHC was meeting the facility and Health Services mission to provide the best patient care possible. I improved the communication between medical and mental health staff through collaborative meetings, regular discussions and clear expectations. My planning efforts included an ongoing review of mental health and medical services, human resources, trends, resource allocation, coordination resources and staffing needs.

- I was involved in contract negotiations for future UNC services. The contract negotiations include budget specialists, General Counsel, DPS Controller, physicians, Health Service staff, purchasing and Health Services/CPHC management staff.

- I led the successful implementation of on-site mobile MRI services for NCCIW female patients. This new service required months of planning and communication between CPHC and NCCIW leadership, UNC radiology services and CPHC radiology staff. The program has been running smoothly with an average of 2-3 patients one Wednesday out of each month.

- I regularly identified potential cost savings by reviewing programs, services and staffing for modifications that could result in increased efficiencies and effectiveness. I developed tactical action plans (see attached) to define what clinical support units should do, how they should do it and who has the responsibility.

- I developed a comprehensive list of CPHC equipment, including quotes, that prioritized equipment based on critical needs. This was accomplished through extensive communication with and feedback from clinical staff. Many critical pieces of equipment were approved and purchased thereby improving patient care.

- In March 2017, I was informed that we did not have the required documentation to show that 705 pieces of medical equipment had received preventative maintenance (PM). The list included Stryker beds, stretchers, vital sign machines, ARJO lifts, etc. I informed Health Service leadership and asked for an additional 40-hour Temporary Solution employee to expedite the needed PMs. I directed the Biomed technicians to concentrate on the most critical pieces of equipment first, e.g., vital sign machines. Currently the list contains 133 pieces of equipment past due. The majority of items are Stryker beds, cots and stretchers. The Biomed team has made incredible progress.

- Prison leadership visited the facility in June 2018 and made suggestions regarding safety and security measures. All suggestions were implemented and corrections were completed. There were many areas we did not have time to visit. I therefore walked the medical and mental health facilities with the maintenance manager and a maintenance technician to evaluate additional areas for safety measures such as mirrors and paper/film removal from windows. Over 20 mirrors were added to low visibility areas throughout the healthcare complex. We received many positive comments from staff regarding the addition of the new safety measures.

- I ensure the 40 AED's throughout CPHC (RMC, MH and OSR) were checked monthly. In July 2017, I was told that the Biomed technician responsible for monthly checks was not doing so as is required by policy. All units were checked within 3 days and all 40 AED batteries were replaced. New practices were implemented which included laminated tags signed in permanent ink by the 15th of each month and

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documentation on designated AED spreadsheets. The laminated tags were placed behind the second set of pads to ensure the individual checking the AED actually opened the AED door to make certain the rest of the kit was functional. This inspection does not include the AED's in our jump bags (checked daily by nursing) and crash carts (checked every shift by nursing). Additional AED's were ordered and set up in January for the central utility plant, maintenance shop and the visitation area at the main prison entrance per requests by maintenance and custody.

- Custody and Healthcare management met and discussed the operational challenges associated with the Senstar Personal Duress Devices. After a great deal of research and communication with key players, it was found that most staff do not use the devices. A recommendation was made to use whistles and the suggestion was accepted by Prison leadership.

Demonstrated knowledge of healthcare delivery system operations and trends:

- I possess a strong understanding of U.S. and prison healthcare delivery systems. As in the community, CPHC faces serious quality and cost challenges. I have resolved many cost concerns and overseen numerous quality initiatives to address our challenges. As a prison healthcare system, one positive is that our target population is more easily defined than in the community. Though, as in other healthcare systems, delivering the care to meet all patient health needs will continue to be our biggest challenge.
- Of the four most common methods used by prisons to provide on-site care; direct, contracted, state university and hybrid, approximately 73% of the states use direct or contracted care. North Carolina continues to stand out as the only system under the direct care model with their own prison hospital. In the future, building additional regional correctional medical centers or medical centers on the large university campuses may be viable approach. Our partnership with large healthcare systems such as UNC may enable us to develop more cost effective and secure methods of patient care. We should also look at actively recruiting and collaborating with large group practices for services such as oncology, oral surgery and pathology.
- In an effort to decrease preventable hospitalizations, the Risk Manager and I developed a method of review for patients sent to outside hospital each day. The overall data is reviewed for accuracy and practicality by the Medical Director. We are now researching the possibility of expanding the program to include the rates of readmissions. Community hospitals are also looking at readmission rate data for improving patient care and costs savings.
- The CPHC nursing educators have implemented additional training programs which safeguard appropriate patient care and therefore make nurses more comfortable with working in our correctional environment. This in turn helps decrease the likelihood of a nurse leaving. For example, skill/competencies on IV's, wound vacs, Foley catheters, NG tubes and Central Lines are new training developed for our staff. We have implemented additional travel nurse training to make certain they feel secure in their duties.
- NC DHHS's move from its current Medicaid system into managed care developed an RFP which is set to publicly open in October 2018. Though federal approval has not yet been granted, DHHS is confident it will happen. It is uncertain how this will ultimately affect inmate patient care and costs therefore my approach is to stay on top of the RFP information. The plan will not initially affect the pay for doctors and hospitals which will be a plus for inmate healthcare costs.
- The Joint Commission lists quality, cost, access, equity, patient experience and patient safety as the top six goals for healthcare systems operation improvement. Along with Risk Management, I am working on developing a set of indicators, in addition to those proved by the Joint Commission, to improve organizational performance. Some of these additional measures of effectiveness are organizational responsiveness and care coordination. In addition, we utilized the U.S. DHHS publicly available dashboard called, the Health System Measurement Project, to get ideas for a strong monitoring system and improve our quality improvement initiatives.
- Some examples of current healthcare delivery trends include virtual care such as telehealth and telepsychiatry, mobile services and the increased use of technology. Telemedicine also produces savings by reducing the need for transportation and staff supervision at outside facilities. In addition, CPHC has recently expanded MRI services to include female inmates and has utilized telepsych in the outpatient units.
- The growing aging population, clinical and technology advances, nursing shortages and rising labor costs are trends affecting the decisions of all healthcare system operations. Workforce challenges such as staffing shortages in hospital specialties, i.e., psychiatry and nursing are a daily concern at CPHC.
- Improving operational efficiencies is an area I have focused on and is also considered a current means of decreasing costs and improving efficiencies in healthcare systems due to the slow shift from fee-for-service/volume to value-based care. I have overseen and implemented improved efficiencies in every clinical and non-clinical area, i.e., accounting, respiratory and nursing.
- I have worked with staff on developing alternate staffing models and have helped increase the hiring of travel nurses and students in order to help with our nursing staff shortage. We recently implemented self-scheduling as a means of improving nurse satisfaction and patient care coverage. My suggestion to cross-train nurse supervisors was recently implemented by the Director of Nursing. The result was very positive in that the supervisors were able to provide valuable workflow suggestions.
- Limited financial resources are a trend seen across many healthcare organizations, including CPHC's. I have implemented numerous cost saving reduction measures, particularly in medical supply. The implementation of a 30-day maximum on-hand quantity for all medical and office supplies resulted in additional space utilization, minimization of spoilage, enhanced the management of dated materials and improved inventory costs.
- Another healthcare trend is the increase in the older patient population. This is reflected our prison population and results in increased health needs and more extensive services. One medical floor has turned into a long-term care unit which in the future, may be helped by a long-term care unit renovation. Prison officials across the country are also noting an increase in the amount of care required for all adults entering correctional facilities. On top of this is the concern about the future direction of national health care policy, especially the role of Medicaid. These decisions could also affect the care of our prison population.

Demonstrated knowledge of Joint Commission on Accreditation of Healthcare Organizations (JACHO) certification standards:

- I possess substantial knowledge of Joint Commission accreditation and Centers for Medicare & Medicaid Services (CMS) certification requirements. CPHC hospital is evaluated by the Health Services Comprehensive Review program which determines compliance using CMS Conditions of Participation, Standards of Care, Health Service policies, and statutory and regulatory requirements. I have implemented additional processes, with the help of the Risk Manager, to incorporate The Joint Commission (TJC) standards into our performance improvement actions. My thorough understanding of the accreditation process is shown by our progress with initial implementation of steps

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to ensure a successful Comprehensive Review.

- I have added items related to CMS requirements since The Joint Commission, as a deemed agency, sets its standards and establishes elements of performance based on the CMS standards. CMS has approved The Joint Commission as having standards and a survey process that meets or exceeds the established federal requirements.
- I participated in a Joint Commission hospital survey which focused on accrediting a new Ambulatory Care Center, Surgery unit and ER suite and reviewed nursing and medical staff areas. The Joint Commission was shifting to performance-oriented standards therefore I reviewed the hospital quality assurance program which incorporated patient care and clinical performance elements. The Quality Assurance standard was relatively new at this time. There were no areas of concern due to violations following the survey.
- One of my key initiatives was to improve the hospital culture. The Joint Commission standard on Leadership directs the CEO to create and maintain a culture of safety and quality throughout the hospital since it affects Through collaborative efforts with many departments, I focused on accountability, consistency, fairness and clear expectations. Teamwork and cooperation are at an all-time high between health and custody staff, collaboration, communication. The result is improved relationships and practices which contribute to quality patient care and a safe environment.
- At CPHC we incorporate Joint Commission Elements of Performance from fifteen Joint Commission hospital chapters into our Performance Improvement and follow basic accreditation principles in our own improvement initiatives. I plan to expand to elements in the standards over the next 5 years. Currently, we incorporate accreditation requirements related to standards such as Environment of Care, Infection Control, Medication Management and Nursing.
- I am developing a "Bulling in the Workplace" power point for all healthcare staff. Currently, there is only a bullying presentation for nursing orientation. The Joint Commission has several standards that relate directly and indirectly to the prevention of bullying and workplace violence: Environment of Care and the Provision of Care, Treatment and Services.
- I have added items related to CMS requirements since The Joint Commission, as a deemed agency, sets its standards and establishes elements of performance based on CMS standards. CMS has approved The Joint Commission as having standards and a survey process that meets or exceeds the established federal requirements.
- In January 2018, I found that accounting was using 2015 CPT (Current Procedural Terminology) codes for Safekeeper charges. The error was quickly corrected and subscriber preferences were created with CMS. This information was also communicated to DPS accounting. CPT coding system is the preferred system for coding and describing healthcare services and procedures in federal programs (Medicare and Medicaid) and throughout the United States by providers of healthcare services. The current code updates will make certain correct charges are billed for Safekeepers.
- I chair the Safety Committee and communicate regularly with the CPHC Safety Consultant. I follow-up on the completion of monthly Safety Assessments, Severe Weather, Tornado and Hurricane drills, and Code Blues. Drill compliance is at 100% as required by the Joint Commission. Per Joint Commission standards, drill information is documented and files are maintained, including the OSDT form. Safety rounds are completed monthly through Joint Commission and CMA guidelines are quarterly. Safety walk-arounds are completed daily and weekly in all facility areas.
- I distributed Joint Commission standards such as Nursing, Medication Management, Environment of Care, Medical Staff, Performance Improvement, Human Resources and Infection Control to the responsible facility areas and asked that they note which Elements of Performance (EP) were being followed. I worked with the Risk Manager to develop a strategic plan to establish the groundwork for meeting Program Review Conditions of Participation and Joint Commission Elements of Performance. I also collaborated with the Risk Manager to determine how to incorporate new indicators into our Performance Improvement plans.
- I must ensure the hospital staff follows laws and policy regarding patients' rights in areas related to informed consent (NCGS 148.22-2), confidentiality, medical research, the right to refuse treatment and access to interpreter services. I understand an individual's right regarding consent for mental health and medical treatment and I help ensure our policies about methods of consent are followed.

Demonstrated knowledge of state and federal standards, policies and regulations concerning healthcare administration:

- I ensure the healthcare complex is operating in accordance with State and Federal standards, policies and regulations under the DEA, FDA, National Patient Safety Goals, North Carolina Department of Health and Human Services, Department of Labor, ADA and OSHA.
- I met a priority goal to resolve serious CPHC controlled substance accountability deficiencies through a detailed assessment of CPHC pharmacy and nursing practices. The problem was quickly resolved, in part, due to my in-depth knowledge of State and Federal regulations, nursing and pharmacy operations and my ability to successfully coordinate and manage nursing and pharmacy resources. I oversaw the implementation of a successful correction action plan, recommended and assisted in the development of an Omnicell and Medication Process nursing skills checklist, formed a multidisciplinary controlled substance team comprised of pharmacy, nursing and risk management staff and wrote the medication administration Introduction/Background section for the DEA corrective action response.
- CPHC had its first CLIAA Inspection in June 2018. They had not had an inspection in four years and overall the results of the CLIAA inspection were good. The pathologist who provides lab oversight was directed to ensure that inspections are completed every two years per community standards.
- I work closely with the facility Safety Consultant to ensure OSH rules and guidelines are followed. I make recommendations regarding areas of concern and corrective action. For example, I collaborated with the dental and safety supervisor to implement a dental refresher training covering hazardous communication, spill control and clean up, cleaning chemicals and techniques, safety eyewash and other safety related topics. Dental was provided a comprehensive action plan to ensure full understanding and success.
- I organized and facilitated a meeting between mental health staff and our General Counsel to provide staff with information regarding appropriate patient care documentation and to increase their understanding of legal concerns and patient care decisions. I also facilitated a General Counsel meeting with medical, nursing and mental health staff regarding the treatment of high-profile patients. My intent was to decrease risk to the Department by increasing the understanding of staff.
- I have a solid understanding of Department of Labor topics such as Equal Employment Opportunity (EEO), Family Medical Leave (FMLA), Workplace Safety and Health (OSHA), Americans with Disability Act (ADA), Civil Right Act and Workplace Harassment.

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• In January 2018 I became the direct manager for the CPHC Human Resource department due to a vacancy. I work with the HR staff on a regular basis, resolving concerns or communicating information related topics such as to leave, schedules, attendance, workers compensation, etc. I am the point-person on facility EEO investigations. My completion of Office of State Investigation (OSI) and Mediation training enabled me to participate in Employee Advisory Committee hearings and document information is OSI and CTS (Correspondence Tracking System). I am contacted regularly by HR General Counsel and DPS HR to provide information for grievances and complaints.

• I developed an CPHC Attendance/Time SOP based on supervisor needs and input which successfully addressed staff tardiness, absences and vacations. The SOP followed all applicable state and federal work hour regulations. The vacation portion of the SOP was reviewed and approved by DPS HR and General Counsel. Weekend call-outs have decreased by over 75% in nursing and other clinical areas.

REASON FOR LEAVING:

NA

DATES: From: 1/2010 To: 4/2016	EMPLOYER: Central Pharmacy - Department of Public Safety	POSITION TITLE: Pharmacy Director - Manager of Pharmacy Services
ADDRESS: (Street, City, State, Zip Code) 2211 Schieffelin Rd., Apex, North Carolina, 27502		COMPANY URL:
PHONE NUMBER: 919-367-7050	SUPERVISOR: Debra Fitzgerald - Assistant Pharmacy Director	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
HOURS PER WEEK: 40	SALARY: \$8,400.00/month	# OF EMPLOYEES SUPERVISED: 70

DUTIES:

Demonstrated knowledge of business and management principles involved in strategic planning, resource allocation, human resources, coordination of people and resources;

Demonstrated knowledge of healthcare delivery system operations and trends.

• I directed and managed comprehensive pharmacy services at the three statewide locations: Central Pharmacy, Central Prison Healthcare Complex (CPHC) hospital and the North Carolina Correctional Institution for Women (NCCIW) hospital. I supervised five direct reports, staff and services at all three locations. I ensured the three pharmacies met their mission critical goal of supplying quality, cost effective pharmaceutical care to our North Carolina offender population of approximately 37,000 individuals.

• The three pharmacy locations dispensed over 5,000 prescriptions a day. I was responsible for coordinating the human and material resources needed for prompt and efficient medication delivery to the 55 prisons across the state. Pharmacy Services was known for providing excellent and timely service.

• As part of the strategic planning efforts for services at the newly built Central Prison Healthcare Complex and NCCIW hospitals, my extensive knowledge of hospital operations and business practices enabled me to develop and present a plan directed at ensuring the most efficient use of staff and resources while complying with State and Federal laws. My solid healthcare and business background allowed me to successfully coordinate complex activities and meet critical objectives.

• I played a key role in operational decisions involving facility design modifications, major equipment purchases, workflow efficiency modifications and staffing pattern proposals in order to meet the goal of successfully opening both locations. This project involved aligning the interests of multidisciplinary groups and guiding external and internal contributors to work in partnership to successfully make the most appropriate cost and patient care decisions.

• I collaborated with the management team in the strategic planning process regarding opening the two hospital pharmacy locations, one at Central Prison and one at NCCIW. The strategy included future plans for the addition of an electronic health record (EHR) and automated dispensing cabinets (ADC's). The technology capabilities of these two systems were critical to meeting the vision and mission of the future operational success of the new healthcare facilities. I directed the ADC project, collaborated with Purchasing on the bidding process, and organized site visits and meetings to ensure the most appropriate equipment was selected.

• The implementation of EHR and ADC's required extensive communications and ongoing collaboration with many different agency and healthcare staff such as MIS, ATG (software vendor), ADC vendor, purchasing, nursing, maintenance, administration and custody. I arranged training sessions, distributed correspondence and organized informational meetings for the clinical staff such as nursing, dialysis, OR, dental and clinical providers.

• The Health Information Technology for Economic and Clinical Health (HITECH) Act imposed deadlines for EHR implementation which we were able to meet. The successful implementation of the EHR improved efficiencies and accountability in documentation and record-keeping. I coordinated efforts and communicated with pharmacy and nursing staff during the implementation of the EHR at CPHC and NCCIW hospitals.

• I was instrumental in the successful transition of Hepatology clinic responsibilities from Central Pharmacy to CPHC. I ensured appropriate software installation in the clinic and communicated with Health Services, UNC and CPHC staff to ensure a smooth transition. The result is the Hepatology clinic continues to run with few complications and operates efficiently.

• I established programs and systems to prevent/minimize medication errors by setting employee performance expectations, monitoring the pharmacy operation, and initiating staff retraining sessions. In addition, I developed and implemented programs to prevent medication waste by ensuring procedures and documentation required under pharmacy SOP's and Health Service policy for overstock and recovery were followed. The processes ultimately resulted in cost savings and improved patient care.

• I successfully coordinated and monitored the annual State Internal Audit Review and Annual Pharmacy Inventory at the three pharmacy locations. This involved the complex review of equipment and drug inventories, accounts payable, drug procurement and fixed assets to ensure compliance with State and Departmental policies.

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- I initiated the planning, monitoring and final review of annual inventories at CPHC and NCCIW according to State Auditor recommendations and implemented corrective actions regarding inventory and fixed assets to make sure future deficiencies/errors did not occur and that State Auditor recommendations were followed. The Internal Audit Review and Annual Pharmacy Inventory results were detailed, accurate and timely.
- I assisted in preparing budget reports and monitored drug expenditures to ensure the appropriate management of funds and made recommendations for pharmacy design revisions and additional expenditures.
- I provided oversight for protection against the misuse and mismanagement of financial resources at all three DPS pharmacies through the monitoring of purchasing practices and inventory accountability. The result was consistently solid purchasing processes and successful inventory audits.
- In order to meet hospital IV clean-room requirements, I developed cost justifications for increased expenditures which resulted in an approval for the additional expenses and the successful opening of the IV clean-room.
- I was instrumental in opening of the new hospital pharmacy locations. Involved key responsibilities such as human and material resource allocation, coordination of people and resources, and strategic planning. Obstacles, such as lack of space and security concerns were addressed by modifications to initial facility plans and success was measured by the timely opening of both locations.
- Opening two new pharmacies required numerous structural changes and additional expenditures. For example, in order to get the required space for the pharmacy, two OR rooms had to be merged into the pharmacy design, and the IV room required significant renovations to make it operational. After much research and many meetings with engineering, plans were finalized and the end result was a workable design.
- I planned, organized and implemented the start of clinical pharmacist rounding at Central Prison Healthcare Complex and NCCIW hospitals. As part of our multidisciplinary approach to provide quality patient care, I communicated and met with medical, nursing and administrative staff, monitored the implementation of the program and coordinated scheduling of the clinical staff to ensure adequate floor coverage. The use of clinical staff resources was expanded, and the successful implementation of the program improved not only the quality of patient care but also improved hospital staff relations.
- Complex coordination with the automated dispensing cabinet (ADC) vendor was needed to make sure appropriate and thorough training was provided to pharmacy, nursing and clinical staff. I identified appropriate cabinet locations and coordinated information sessions with nursing leadership. The ADC implementation was successful and resolved long-standing concerns regarding drug accountability and inventory control.
- I established new accounts at CPHC with secondary vendors who were sole source suppliers of critical medications for inpatients and the operating room. I coordinated meetings and communicated regularly with purchasing, administration and accounting, and wrote numerous justifications for expensive medications in order to successfully establish the new accounts. The result was improved patient care and increased pharmacy efficiencies.
- I directed the project related to the purchase of the ADC's which involved collaboration with Purchasing on bidding the project, contacting vendors, reviewing vendor submissions and vendor selection. The project required the coordination of internal and external participants such as custody, maintenance, MIS, ATG (Pharmacy software vendor) and nursing.
- In addition, the new ADC's could only dispense unit-dose packages; therefore, it was imperative that the two hospitals have a vendor who could provide this specific medication packaging. I planned and oversaw the implementation of the Safecor unit-dose packaging system at CPHC and NCCIW. The result was that critical drugs were made available for the drug cabinets; staff efficiencies were improved because they did not have to package the items and pharmacy services improved for patients.
- I resolved serious organizational concerns at CPHC pharmacy by working onsite for a year. I reassessed the operation, developed corrective action plans and implemented expectations for pharmacy staff. I successfully brought the pharmacy into compliance with N.C. Board of Pharmacy and DEA rules, regulations and policies. I reallocated staff and material resources, revised work assignments, improved inventory accountability and initiated new workflow and staffing patterns which resulted in improved efficiencies within the pharmacy and on the hospital floors. The result was a positive change in pharmacy workflow, financial requirements, staffing and the use of material resources.
- I prepared and monitored drug expenditures and budgets to ensure the appropriate management of funds and made recommendations about changes and expenditures. Opening two new pharmacy's required revisions and additional costs, such as the CPHC IV room. In order to meet cleanroom requirements, increased expenditures had to be justified through research, documentation and reports.
- I assisted in coordinating the roll-out of the new server migration for the three DPS pharmacies. The migration involved complex coordination with MIS, Omnicell, ATG, Nursing, and Pharmacy. I communicated with Omnicell and MIS regarding problems during and after the migration and ensured the appropriate resolutions. In terms of the complex scope of the project, it was successfully completed with few problems.
- As part of the strategic planning efforts to place ADC's in the two new hospitals, I organized site visits to WakeMed Hospital, Rex Hospital and the Federal Bureau of Prisons Hospital for pharmacy, nursing and management staff. I collected and analyzed data and made recommendations for drug cabinet selection based upon the products and services offered, security requirements, interfaces, future changes and costs.
- I suggested cost-savings initiatives which reflected the current trends in pharmacy to my pharmacy leadership. One suggestion involved changes in drug robotics and ATG software which would eliminate the need for pharmacists to open every vial dispensed. The other involves technician order entry which is already part of the ATG pharmacy software. Pharmacist would not need to enter order, only check orders entered by technicians. This is inline with community practices and would improve efficiencies and provide significant cost savings, particularly in salaries.
- I coordinated meetings and communicated regularly with purchasing, accounting, administration and wrote numerous justifications in order to successfully establish new hospital accounts. The result was improved patient care and increased pharmacy efficiencies.

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Demonstrated knowledge of Joint Commission on Accreditation of Healthcare Organizations (JACHO) certification standards;

Demonstrated knowledge of state and federal standards, policies and regulations concerning healthcare administration.

- I ensured compliance with Federal and State laws and regulations, the N.C. Board of Pharmacy, Health Service policy and facility policies and SOP's. I met with the DEA and N.C. Board of Pharmacy at both hospitals for inspections and prepared documentation based upon their requests. Joint Commission standards involving Medication Management were incorporated into our Comprehensive Reviews to ensure compliance.
- I provided oversight and monitoring for the Central Prison Healthcare Complex Comprehensive Site Review in order to be able to evaluate and correct noncompliance concerns. The Comprehensive Audits incorporate CMS Condition of Participation requirements as part of the review. Deficiencies were identified and corrected and the result was an overall positive outcome.
- My knowledge of N.C. Board of Pharmacy and DEA laws, rules and regulations, Health Service policies and facility standard operating procedures was required to guarantee DPS statewide pharmacy services were complying CPHC hospital, NCCIW hospital and Central Pharmacy. I ensured staff had a clear understanding of policy and laws. I reviewed work process regularly to make certain record-keeping, inventory, drug procurement and dispensing complied.
- Federal DEA and State (NCBOP, DHHS) rules and laws required knowledge of complex regulations concerning controlled substances, IV rooms (USP797/800 Standard), OR's, and the hospital inpatient locations. I ensured the three locations followed all required State and Federal regulations.
- After reviewing CPHC pharmacy records, I found that the supervisor was not in compliance with DEA record keeping requirements which state that "every pharmacy must maintain complete and accurate records on a current basis for each controlled substance purchased, received, stored, distributed, dispensed or otherwise disposed of." Records in some areas were almost a year out of compliance. I developed a plan with the help of pharmacy leadership requiring months of overtime for CPHC pharmacists. The non-compliance was corrected after many months of additional work and met DEA and NCBOP regulations.
- I was responsible for ensuring medication and health information contained in an offender's medical record remained privileged and confidential, with the exception of information considered a matter of public record.
- I served on the statewide Continuous Quality Improvement (CQI) committee and was responsible for identifying patterns and trends that pertained to clinical risks and patient safety. I identified the most pertinent risk activities/issues and assisted in the development of key policies. Quality Improvement initiatives fall under the Joint Commission Performance Improvement standard.
- I implemented performance improvement and risk management strategies which focused on improving patient safety and minimizing or preventing the occurrence of errors and negative events. I minimized negative events by proactively identifying, preventing and controlling potential clinical and operational risks through education and staff training. These strategies fall under Joint Commission Medication Management standards.
- I assisted in the revision of prior bid specifications for the reissuance of a statewide Inmate Healthcare Service Request for Proposal (RFP) and analyzed criteria based on facility missions, clinical services, statistical data, accountability practices, staffing patterns and patient care needs. The result ensured that bid requirements were following DPS health services policies and procedures, auditing guidelines, the DEA and N.C. Board of Pharmacy laws.
- I developed and revised statewide DPS Health Service policies and pharmacy SOP's to meet patient care need, DPS mission and goals and State/Federal regulations.

REASON FOR LEAVING:

CEO position

DATES: From: 1/2009 To: 1/2010	EMPLOYER: Central Pharmacy - Department of Public Safety	POSITION TITLE: Pharmacist
ADDRESS: (Street, City, State, Zip Code) 2211 Schieffelin Rd , Raleigh, North Carolina, 27518		COMPANY URL: ncdps.gov
PHONE NUMBER: 919-367-7050	SUPERVISOR: Debra Fitzgerald - Assistant Pharmacy Director	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
HOURS PER WEEK: 40	SALARY: \$7,400.00/month	# OF EMPLOYEES SUPERVISED: 3

DUTIES:

- I transitioned the pharmacy from the old PCSI software system to the updated ATG pharmacy software system. My proficiency with the two software systems allowed me to act as a resource for pharmacists and technicians. I trained staff and resolved software questions and problems. My knowledge of the systems allowed me to expedite the movement of inmate information to the new software system and meet critical deadlines involving inmate data availability.
- I developed and implemented a new pharmacy work system for standardizing procedures for the distribution of pharmacy services across the state. The transition to the new regional approach was successful and resulted in improved efficiencies and workflow within the pharmacy and across the state.
- I developed an updated filing system new for medication orders and problem orders that ensured medication order concerns were resolved effectively. Implemented an organized approach to dealing with order problems and utilization review issues ensured the regions ran more efficiently. The initiatives I established positively affected the dispensing of medications within the pharmacy and at facilities across the state.
- I developed and presented information about the new work systems and new pharmacy software system at statewide Nurse Manager

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meetings. This increased the nursing understanding of the new process which ultimately improved efficiencies in the pharmacy and prison clinics.

- I assumed responsibilities as the controlled substance pharmacist responsible for managing controlled substance medication dispensing and services for outpatient and inpatient care statewide. I developed a controlled substance procedures manual which covered the transition from the old software system to the new ATG software system, the receiving of controlled substance inventory from pharmacy vendors, drug recovery, inventory adjustments, stock transfers, the ordering of controlled drugs and narcotics and procedures for the destruction of controlled substances. Standardized processes limited error in accountability and improved dispensing efficiencies.

- Additional responsibilities included medication dispensing, formulary management, clinical intervention, therapeutic monitoring, patient profile maintenance, controlled substance accountability, supervision of pharmacy technicians and inventory control.

REASON FOR LEAVING:

Career advancement and job growth opportunities

DATES: From: 12/2003 To: 1/2009	EMPLOYER: Central Pharmacy - Department of Public Safety	POSITION TITLE: Pharmacist
ADDRESS: (Street, City, State, Zip Code) 2211 Schieffelin Rd., Cary, North Carolina, 27502		COMPANY URL: ncdps.gov
PHONE NUMBER: 919-367-7050	SUPERVISOR: Debra Fitzgerald - Assistant Director	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
HOURS PER WEEK: 20	SALARY: \$3,000.00/month	# OF EMPLOYEES SUPERVISED: 3

DUTIES:

- My responsibilities included medication dispensing, formulary management, clinical intervention, therapeutic monitoring, patient profile maintenance, controlled substance accountability, supervision of pharmacy technicians and inventory control.

- I developed a staff survey which focused on the improvement of pharmacy workflow within statewide pharmacy services. The employee survey helped the pharmacy managers measure and understand the pharmacy staff's attitude, motivation, and satisfaction and provided feedback used to implement corrective actions.

REASON FOR LEAVING:

From Contract to Full-time

DATES: From: 9/1996 To: 12/2008	EMPLOYER: Pharmacy locations in Raleigh/Durham Area	POSITION TITLE: Pharmacist
ADDRESS: (Street, City, State, Zip Code) Various Location, Raleigh/Durham, North Carolina, 27518		COMPANY URL: ncdps.gov
PHONE NUMBER: 919-812-2226	SUPERVISOR: NA - NA	MAY WE CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK: 20	SALARY: \$3,000.00/month	# OF EMPLOYEES SUPERVISED: 5

DUTIES:

- From 1996 to 2009 I worked as a contract pharmacist at various pharmacy locations such as CVS, Harris Teeter, Career Staff Unlimited, and long-term care pharmacies in order to make a 40-hour work schedule.
- My responsibilities included medication dispensing, formulary management, clinical intervention, therapeutic monitoring, patient profile maintenance, controlled substance accountability, supervision of pharmacy technicians and inventory control.

REASON FOR LEAVING:

Full-time position

DATES: From: 2/1982 To: 3/1992	EMPLOYER: Merck, Sharp and Dohme	POSITION TITLE: Territory Manager
ADDRESS: (Street, City, State, Zip Code) 2000 Galloping Hill Rd., Kenilworth, New Jersey, 07033		COMPANY URL: merck.com
PHONE NUMBER: 908-740-4000	SUPERVISOR: NA	MAY WE CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK: 40	SALARY: \$3,500.00/month	# OF EMPLOYEES SUPERVISED: 8

DUTIES:

- I was responsible for controlling expenditures within an approved budget for designated projects with a goal to optimize revenue and resources.
- I recommended, maintained and executed corporate strategies at an individual and regional level, monitored results and implemented corrective action, if needed. I was responsible for contract negotiations with large hospital systems, i.e., Presbyterian Hospital in Dallas, TX.
- I participated in and led meetings to communicate short and long-range plans and marketing objectives, and ensured individual and corporate resources were used efficiently and effectively.
- I consistently exceeded annual market share and revenue expectations. I monitored and evaluated monthly and yearly market results to ensure strategic plan goals were met and corporate resource allocation was appropriate and cost effective.

REASON FOR LEAVING:

Moved

CERTIFICATES AND LICENSES

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TYPE: Pharmacist	ISSUING AGENCY: North Carolina Board of Pharmacy
LICENSE NUMBER: 13694	

Skills

Nothing Entered For This Section

ADDITIONAL INFORMATION**Honors & Awards**

US Pubic Health Traineeship: This award provided full tuition coverage and stipend for the two-year Master in Healthcare Administration (MHA) program at the Ohio State University.

Mortar Board Recipient/ Ohio Northern University: This honor society recognizes college seniors for distinguished ability and achievement in scholarship, leadership, and service.

Merck, Vice Presidents Club: Presented for exceptional contributions regarding leadership, meeting budget and planning expectations, development of customer and regional strategy and ability to foster growth and development within the team.

Work Performance Evaluations: I have been rated "Outstanding" and "Exceeds Expectations" overall in every annual performance evaluation related to my executive leadership positions.

Additional Information

1. Performance Improvement/CQI Committee – Our focus is the optimizing clinical outcomes and patient safety. We follow Joint Commission standards and CMS Conditions of Participation requirements.

2. Safety Committee – The focus is ensuring patient and staff safety. We follow Environment of Care standards (Joint Commission) and State, Federal, Department and Health Services policies, rules and regulations.

3. Hospital Support Services – I chair the monthly general management meeting for Mental Health, Medical and support services.

4. Executive Medical Staff - I lead this meeting which focuses on communicating and solving hospital concerns, discussing updates and relaying successes.

Clinical Experience

Pharmacy Residency: Residency in hospital and long-term care facilities.

Professional Associations

Health Service Management and Policy Alumni Society (HSMP) and Fisher College of Business Alumni Association
North Carolina Association of Pharmacists (NCAP)

American Correctional Association (ACA)

Additional Information

Work Experience from 1992-1996 is unavailable due to spouse's relocation. I moved four times during this time period. (Dallas, TX to San Ramon, CA to Dallas, TX to Bethel, CT to Raleigh, NC)

Additional Information

M.H.A Administrative Residency:

This paid residency position was performed at Akron General Hospital in Akron, Ohio. The objective of the program was to develop leadership skills, management skills, and policy analysis skills. I had direct participation in management activities such as strategic planning, budgets, contracts, and human resources. I obtained practical information and knowledge about health services management, policy analysis and accreditation.

I was involved in a Joint Commission survey in which the focus was placed on the Ambulatory Care Center, Surgery unit, ER Nursing and Medical staff. There were no areas of concern due to violations.

REFERENCES

REFERENCE TYPE: Professional	NAME: Joseph Prater	POSITION: Deputy Secretary - NC Department of Public Safety (retired)
ADDRESS: (Street, City, State, Zip Code) 512 North Salisbury Street, Raleigh, North Carolina 27699		
EMAIL ADDRESS: joseph.prater@ncdps.gov	PHONE NUMBER: 919-630-1961	

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REFERENCE TYPE: Professional	NAME: Gabriela O'Connell M.D.	POSITION: Mental Health Director - Central Prison Healthcare Complex
ADDRESS: (Street, City, State, Zip Code) 1300 Western Blvd., Raleigh, New York 27518		
EMAIL ADDRESS: gabriela.oconnell@ncdps.gov		PHONE NUMBER: 919-743-3956
REFERENCE TYPE: Professional	NAME: Olushola Metiko M.D.	POSITION: Medical Director
ADDRESS: (Street, City, State, Zip Code) 1300 Western Blvd., Raleigh, North Carolina 27606		
EMAIL ADDRESS: olushola.metiko@ncdps.gov		PHONE NUMBER: 919-743-02407
REFERENCE TYPE: Professional	NAME: Edward Thomas	POSITION: Warden - Central Prison, Department of Public Safety
ADDRESS: (Street, City, State, Zip Code) 1300 Western Blvd., Raleigh, North Carolina 27606		
EMAIL ADDRESS: edward.thomas@ncdps.gov		PHONE NUMBER: 919-743-4100
REFERENCE TYPE: Professional	NAME: John Ratliff	POSITION: Chief Executive Officer - Covance Drug Development
ADDRESS: (Street, City, State, Zip Code) Burlington, North Carolina 27215		
EMAIL ADDRESS:		PHONE NUMBER: 919-345-0165

Knechtges v DPS, 19 OSP 01028**000515**Standard Questions

1. Please provide the last 4 digits of your Social Security Number.
9419
2. Are you related by blood or marriage to any person now working for the State?
No
3. If you answered "yes" that you are related by blood or marriage to any person now working for the State, please provide their name, relationship to you, and the agency where employed.
4. Are you currently employed by the State of North Carolina?
Yes
5. If you answered "yes" that you are employed by the State of North Carolina, please indicate the agency/university where you are currently working.
Department of Public Safety
6. Are you a layoff candidate with the State of North Carolina eligible for RIF priority reemployment consideration as described by GS 126?
No
7. If you answered "yes" that you are a layoff candidate with the State of North Carolina eligible for RIF priority reemployment consideration as described by GS 126, please indicate your date of written notification.
8. Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the position for which you are applying.)
No
9. If you answered "yes" that you have been convicted of an offense against the law other than a minor traffic violation, please explain the nature of the conviction and the date.
10. Where did you learn about this opportunity?
Professional Association
11. What type of work you will accept? Please check all that apply.
Permanent Full-Time
12. Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?
No
13. Do you wish to declare eligibility for Veterans Preference? If yes, please include a copy of the DD-214. (If you answered "N/A" to the military service question, you do not need to answer this question.)
No
14. Do you wish to declare a service connected disability? (If you answered "N/A" to the military service question, you do not need to answer this question.)
No
15. At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service related reasons?
No
16. Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran?
No
17. Please provide the entry and separation dates of your (or spouse's) qualifying active military service, branch of service, and rank.
18. If subject to Military Selective Service registration, certify compliance by indicating below.
Not subject to Military Selective Service Registration.
19. Will you consider employment anywhere in North Carolina?
Yes
20. If you selected "no" to the previous question, please list the counties where you would be willing to work.
21. Verification of degrees and professional credentials.
22. Person responsible for degree and professional credentials verification.
23. Does applicant have RIF priority for this position?
24. Is applicant eligible for Veterans Preference?
25. Is applicant eligible for promotional priority for this position?

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1. Do you have knowledge of, and have you demonstrated where you gained knowledge of healthcare delivery system operations and trends?
Yes
Do you have prior experience in an Executive position in healthcare/behavioral health in a hospital or institutional setting where the population served were incarcerated or remanded involuntarily or by court order? If your response is "yes", please list the facility or facilities that you are referencing.
I have Executive experience as the Acting CEO of Central Prison Healthcare Complex (DPS) and as the Pharmacy Director responsible for statewide oversight of Central Prison Healthcare Pharmacy, North Carolina Institution for Women and Central Pharmacy.
2. Do you have knowledge of state and federal standards, policies and regulations concerning healthcare administration, and have you demonstrated where that knowledge was utilized in a present or previous position?
Yes
3. Do you have knowledge of Joint Commission on Accreditation of Healthcare Organizations (JCAHO) certification standards?
Yes
4. Have you previously participated in a JCAHO audit or survey, and what areas of concern were addressed during this survey? Please expand on any resolutions or changes implemented as a result of these concerns or violations.
I participated in a Joint Commission hospital survey which focused on accrediting a new Ambulatory Care Center, Surgery unit and ER suite and reviewed nursing and medical staff areas. The Joint Commission was shifting to performance-oriented standards therefore I also reviewed the hospital-wide quality assurance program which included patient care and clinical performance elements. The Quality Assurance standard was relatively new at this time. There were no areas of concern due to violations following the survey.
5. Have you given detailed information within the body of your application in regards to where your knowledge of business and management principles involved in strategic planning, resource allocation, human resources, coordination of people and resources has been utilized in a current or previous position?
Yes
Please briefly explain or give examples for question # 6, what activities you were involved in where each of the following were used: Strategic planning, resource allocation, human resources, and coordination of people and resources?
Strategic Planning: My planning included an ongoing review of clinical and non-clinical services to identify key internal weaknesses. For example, my HR strategic plan is to recruit, develop and retain a high-quality and diverse staff. My short-term action plans include providing effective in-house training, more flexible work arrangements and improved exit interview. Other strategic analysis includes the Mental Health expansion, controlled substance accountability, accreditation and support service improvements. I have developed tactical action plans for many healthcare areas.
6. Resource Allocation: My approach is to allocate resources such as personnel, financial, and material in a fair, efficient and cost-effective manner. For example, through improved accounting and fixed asset processes, I have dramatically improved financial and fixed asset accountability. Initiatives related to rent versus purchase options have also led to significant financial resource savings. Cross-training staff in nursing and HR has led to more efficient and effective distribution of personnel.
7. Human Resources: Significant changes have been made in the allocation of nursing resources. Both inpatient and outpatient locations have undergone significant changes in staffing patterns which have resulted in more efficient use of this important resource. Changes in the allocation of provider coverage has also improved patient care coverage, e.g., improved medical coverage Mental Health. A significant decrease in medical records staff required the reallocation of staff. We were able to redistribute staff without negatively affecting services or patient care. The HR department underwent major changes in the allocation of duties resulting in improved customer service.
8. Coordination of People and Resources: I direct the day-to-day CPHC operations which requires the continual coordination of people and resources particularly since these are limited resources. MRI services were coordinated with NCCIW for female patients. Some examples include medical appointment transportation, opening two Therapeutic Diversion Units, inmate incentive purchases, behavioral health staff restructuring, high profile patient concerns, safety initiatives, staff and equipment shortages required significant coordination between healthcare and custody staff.
(Additional examples are located in the body of my application)
In order for your application to be deemed minimally qualified, you must have demonstrated your possession of or knowledge of ALL of the required items under the "education and experience" and "knowledge, skills and abilities" sections. Have you addressed each of these requirements in detail within the body of your application?
Yes

The following terms were accepted by the applicant upon submitting the online application:

By clicking on the 'Accept' button, I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: GS 126-30, GS 14-122.1). I also understand that it is my responsibility to update my contact information should there be any changes in my name, address, phone number, or e-mail address.

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This application was submitted by Judith Ellen Knechtges on 8/19/18 4:39 PM

Signature _____

Date _____